

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003247 (4)

1. Corporation Name  
SCA SUCCESSOR, INC.



Principal Place of Business

218 NORTH CHARLES ST.  
SUITE 500  
BALTIMORE MD 21201

Mailing Address

218 NORTH CHARLES ST.  
SUITE 500  
BALTIMORE MD 21201

3. Date Incorporated or Qualified 07/06/1993 3a. Date of Last Report 05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

4. FEI Number 52-1618424 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE  
NAME CARLSON, GARRETT G  
STREET ADDRESS 4501 TAMiami TRAIL NORTH, STE. 216  
CITY-ST-ZIP NAPLES FL 33940  
TITLE DPT ☐ DELETE  
NAME JOSEPH, MARK K  
STREET ADDRESS 218 N. CHARLES ST., STE. 500  
CITY-ST-ZIP BALTIMORE MD 21201  
TITLE VPS ☐ DELETE  
NAME DUKER, MARILYNN K  
STREET ADDRESS 218 N. CHARLES ST., STE. 500  
CITY-ST-ZIP BALTIMORE MD 21201  
TITLE VP ☐ DELETE  
NAME HOBBS, THOMAS R  
STREET ADDRESS 218 N. CHARLES ST., STE. 500  
CITY-ST-ZIP BALTIMORE MD 21201  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE VP, Director ☒ Change ☐ Addition  
4.2 NAME HOBBS, THOMAS R  
4.3 STREET ADDRESS 218 N. CHARLES ST., STE. 500  
4.4 CITY-ST-ZIP BALTIMORE, MD 21201  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Thomas R. Hobbs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96  
Date

410-962-0595  
Daytime Phone #

CR2E034 (12/95)